Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF OREGON, PORTLAND DIVISION	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on	Amy	
		government-issued ure identification (for	First name	First name
	exar	nple, your driver's	Lynn	
		nse or passport).	Middle name	Middle name
		g your picture tification to your meeting	Bergener	
		the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or		
	maio	den names.		
3.	you num	y the last 4 digits of r Social Security nber or federal vidual Taxpayer	xxx-xx-3926	
		tification number		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	4858 NE Alberta Ct	If Debtor 2 lives at a different address:
		Portland, OR 97218-2038 Number, Street, City, State & ZIP Code Multnomah County	Number, Street, City, State & ZIP Code County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	Debtor 1 Bergener, Amy Lynn			Case number (if known)					
Par	t 2:	Tell the Court About Y	our Bankr	uptcy Ca	se				
7.	Bank	chapter of the cruptcy Code you are	Check on 2010)). Al	e. (For a b so, go to t	rief description of each, see <i>Notic</i> he top of page 1 and check the ap	ee Required by 11 U.S.C. § 34 propriate box.	12(b) for Individuals Filing for Bankruptcy (Form		
	cnoc	sing to file under	☐ Chapter 7						
			☐ Chapt	er 11					
			☐ Chapt	er 12					
			■ Chapt	er 13					
8.	How	you will pay the fee	abo If yo pre	out how yo our attorned printed ac	u may pay. Typically, if you are pa ey is submitting your payment on y ddress.	ying the fee yourself, you may your behalf, your attorney may	k's office in your local court for more details pay with cash, cashier's check, or money order. pay with a credit card or check with a		
					y the fee in installments. If you on the fee in installments. If you of the fee in installments (Official Form 103A).		tach the Application for Individuals to Pay The		
			☐ I re	quest that required t	t my fee be waived (You may reo, waive your fee, and may do so	quest this option only if you are	e filing for Chapter 7. By law, a judge may, but is 150% of the official poverty line that applies to		
					ze and you are unable to pay the r Chapter 7 Filing Fee Waived (Office		se this option, you must fill out the Application a your petition.		
k		you filed for ruptcy within the last	■ No.						
	8 yea	ars?	☐ Yes.						
				District	\	When	_ Case number		
				District	\	When	_ Case number		
				District	\	When	Case number		
10.		any bankruptcy cases ling or being filed by	■ No						
	a spo this a bus	buse who is not filing case with you, or by siness partner, or by filiate?	☐ Yes.						
				Debtor			Relationship to you		
				District	\	When	Case number, if known		
				Debtor			Relationship to you		
				District	\	When	Case number, if known		
11.		ou rent your lence?	■ No.	Go to I	ine 12.				
			☐ Yes.	Has yo	our landlord obtained an eviction	judgment against you?			
					No. Go to line 12.				
					Yes. Fill out <i>Initial Statement Ababankruptcy</i> petition.	out an Eviction Judgment Aga	inst You (Form 101A) and file it as part of this		

of bu A bu	Report About Any Buster you a sole proprietor f any full- or part-time usiness?	sinesses Y	ou Own a	as a Sole Proprieto	_
12. Ai of bu A bu	are you a sole proprietor f any full- or part-time	sinesses Y	ou Own	as a Sole Proprieto	_
of bu A bu	f any full- or part-time			as a cole i ropriete	ır
bu	usiliess:	■ No.	Go to	Part 4.	
bu		☐ Yes.	Name	and location of bus	iness
	sole proprietorship is a				
se a	usiness you operate as an ndividual, and is not a eparate legal entity such as corporation, partnership, r LLC.			of business, if any	
sc se	you have more than one ole proprietorship, use a eparate sheet and attach it		Numb	er, Street, City, Stat	e & ZIP Code
to	this petition.		Check		to describe your business:
					ess (as defined in 11 U.S.C. § 101(27A))
				•	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Chapter 11 of the under Subchapter V so that it can set appropriate choosing to proceed under Subchapter V, you m			bchapter \ to proceed t, and fede	V so that it can set a d under Subchapter eral income tax returr	ourt must know whether you are a small business debtor or a debtor choosing to proceed ppropriate deadlines. If you indicate that you are a small business debtor or you are V, you must attach your most recent balance sheet, statement of operations, cash-flow n or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
F	or a definition of small	■ No.	I am n	ot filing under Chap	ter 11.
bι	usiness debtor, see 11 J.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and I der Subchapter V of Chapter 11.
		☐ Yes.			1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Part 4:	Report if You Own or	Have Anv	Hazardou	us Property or Any	Property That Needs Immediate Attention
14. D	o you own or have any	■ No.		,	
pr	roperty that poses or is				
im ha	lleged to pose a threat of mminent and identifiable azard to public health or	⊔ Yes.	What is t	he hazard?	
ar	afety? Or do you own ny property that needs nmediate attention?			iate attention is why is it needed?	
pe liv or	For example, do you own lerishable goods, or vestock that must be fed, or a building that needs lergent repairs?		Where is	the property?	
	- •				Number, Street, City, State & Zip Code

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

П Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit
counseling agency within the 180 days before I filed
this bankruptcy petition, and I received a certificate of
completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part	6: Answer These Question		orting Purposes				
	What kind of debts do you have?	16a.	Are your debts primarily c	consumer debts? Consumer debts are defonal, family, or household purpose."	rined in 11 U.S.C.§ 101(8) as "incurred by an		
			Yes. Go to line 17.				
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			□ No. Go to line 16c.	or amough the operation of the business of	mvestnent.		
			Yes. Go to line 17.				
				we that are not consumer debts or business	s debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	r 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and			Do you estimate that after any exempt prope ole to distribute to unsecured creditors?	erty is excluded and administrative expenses are		
	administrative expenses		□ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		□ 5001-10,000	<u> </u>		
		□ 100-19 □ 200-99		□ 10,001-25,000	☐ More than100,000		
19.	How much do you estimate your assets to	□ \$0 - \$5	0,000 1 - \$100,000	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion		
	be worth?		01 - \$500,000	□ \$50,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion		
			01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
20.	How much do you estimate your liabilities to	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	be?		11 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
Part	7: Sign Below						
For	you	I have exa	mined this petition, and I decl	lare under penalty of perjury that the informa	ation provided is true and correct.		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request r	elief in accordance with the	chapter of title 11, United States Code, spe	ecified in this petition.		
		case can r			property by fraud in connection with a bankruptcy n. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
		Amy Lyr	nn Bergener of Debtor 1	Signature of Debi	tor 2		
		Executed	December 23, 2021 MM / DD / YYYY		M / DD / YYYY		

Debtor 1 Bergener, Amy L	ynn	Case number (if known)			
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, Chapter 7, 11, 12, or 13 of title 11, United States Cod- person is eligible. I also certify that I have delivered to	e, and have explained	d the relief available under each chapter for which the		
If you are not represented by an attorney, you do not need to file this page.	rney, you do not need petition is incorrect.				
. •	/s/ Christopher Kane	Date	December 23, 2021		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Christopher Kane				
	Printed name				
	Christopher J. Kane, PC				
	Firm name				
	2207 NE Broadway St Ste 100				
	Portland, OR 97232-1693				
	Number, Street, City, State & ZIP Code				

Email address

chris@ckanelaw.com

Contact phone **(503) 380-7822**

950863 Bar number & State Certificate Number: 16199-OR-CC-036082064



CERTIFICATE OF COUNSELING

I CERTIFY that on October 21, 2021, at 6:10 o'clock PM EDT, Amy Bergener received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Oregon, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 21, 2021

By: /s/Ahmad Khan

Name: Ahmad Khan

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

	Fill in this	s information to identi	fy your case:				
Del	otor 1	Amy Lynn Berge	ner				
Deb	otor 2	First Name	Middle Name	Last Name			
(Spo	ouse if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Banl	kruptcy Court for the:	DISTRICT OF OREGON	N, PORTLAND DIVISION	_ {		
	se number					_	if this is an led filing
<u>Of</u>	ficial For	m 106Sum					
				nd Certain Statistical Info		-	2/15
info you	rmation. Fill our original form	ut all of your schedule	es first; then complete the	re filing together, both are equally res information on this form. If you are fil the box at the top of this page.			
Par	t I. Sullilla	TIZE TOUT ASSELS				V	
						Your as	ssets what you own
1.	Schedule A/E 1a. Copy line	B: Property (Official Fo 55, Total real estate, f	orm 106A/B) rom Schedule A/B			\$	434,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B			\$	50,431.01
	1c. Copy line	63, Total of all propert	y on Schedule A/B			\$	484,431.01
Par	t 2: Summa	rize Your Liabilities					
						Your lia	abilities you owe
2.			aims Secured by Property (mn AAmount of claim, at the	Official Form 106D) bottom of the last page of Part 1 of Sche	edule D	\$	405,533.20
3.			Unsecured Claims (Official I	Form 106E/F) s) from line 6e & chedule E/F		\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j d3chedule E/F		\$	55,048.65
				Your to	otal liabilities	\$	460,581.85
Par	t 3: Summa	rize Your Income and	Expenses				
4.		our Income(Official Fombined monthly incom				\$	6,595.01
5.		Your Expenses (Official onthly expenses from lin	,			\$	6,494.13
Par	t 4: Answer	These Questions for	Administrative and Statis	tical Records			
6.	•		er Chapters 7, 11, or 13? on this part of the form. Che	ck this box and submit this form to the co	urt with your o	ther schedul	es.
7.	YesWhat kind of	debt do you have?					
	■ Your de	ebts are primarily con	sumer debts. Consumer de	ebts are those "incurred by an individual p	rimarily for a p	ersonal, fam	nily, or household

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,169.61

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	is information to ide	ntify your case	and th	nis filing:				
Debtor 1	Amy Lynn Ber							
Debtor 2	First Name	Middle	Name	Last Name				
(Spouse, if filing)	First Name	Middle	Name	Last Name				
Jnited States Ba	inkruptcy Court for the	: DISTRICT	OF OR	EGON, PORTLAND DIVISION				
Case number							☐ Check if this is ar	
							amended filing	
	rm 106A/B							
Schedul	e A/B: Pro	perty					12/15	
Part 1: Describe		ing, Land, or Otl	ner Real	Estate You Own or Have an Interest In				
Do you own or h	nave any legal or equita	ıble interest in a	ny resid	ence, building, land, or similar property?				
☐ No. Go to Par	t 2.							
Yes. Where is	s the property?							
.1			Wha	t is the property? Check all that apply				
4858 NE A	Alberta Ct		_	Single-family home Duplex or multi-unit building	the amount	t deduct secured claims or exemptions. Put nount of any secured claims on <i>Schedule D</i> :		
Street address,	if available, or other descrip	tion				rs Who Have Claims Secured by Property.		
			_	Manufactured or mobile home				
Portland	OR 9	7218-2038			Current va entire prop		Current value of the portion you own?	
City	State	ZIP Code			\$43	34,000.00	\$434,000.00	
						•	our ownership interest ancy by the entireties, or	
			_	has an interest in the property? Check one	à life estat	e), if known.	ancy by the entireties, or	
					Fee Sim	ple		
County				,				
County			_	20010. 2 0)		t if this is com structions)	munity property	
County			Othe	Debtor 1 and Debtor 2 only	(see in:	structions)	munity property	
County			Othe prop	Debtor 1 and Debtor 2 only At least one of the debtors and another Information you wish to add about this ite	(see ins	structions)		
·			Othe prop	Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about this ite erty identification number: sonal Resdience, Ashby Scaggs	m, such as lo	eal with right		

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debte	or 1 <u>B</u>	ergener, A	my Lynn	Ca	ase number (if known)	
3. Ca	rs, vans,	trucks, tract	ors, sport utility vel	nicles, motorcycles		
	No					
— ·	Yes					
3.1	Make:	Toyota		Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on <i>Schedule D:</i>
	Model:	4Runner	2WD	Debtor 1 only		ve Claims Secured by Property.
	Year:	2017	44000	Debtor 2 only	Current value of t	
		nate mileage: ormation:	44000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		omation.		At least one of the deptors and another		
				☐ Check if this is community property (see instructions)	\$37,304	.00 \$37,304.00
				n for all of your entries from Part 2, including any mber here		\$37,304.00
Part 3			nal and Household Ite		'	
				erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		goods and fu Major appliand	es, furniture, linens,	china, kitchenware		
	Yes. Des	scribe				
			Household God	ds and Furnishings		\$1,000.00
E)		including cell	d radios; audio, video phones, cameras, m	, stereo, and digital equipment; computers, printers, edia players, games	scanners; music collec	tions; electronic devices
			Electronics			\$500.00
E)	<i>(amples: I</i> No	collections, m	figurines; paintings, p nemorabilia, collectibl	rints, or other artwork; books, pictures, or other art obes	ojects; stamp, coin, or b	paseball card collections; other
	Yes. Des	scribe	Deale Art - 1	Callantibles		<u> </u>
			Books, Art and	Collectibles		\$300.00
E)	: amples:	for sports an Sports, photog instruments		other hobby equipment; bicycles, pool tables, golf cl	ubs, skis; canoes and l	ayaks; carpentry tools; musical
_	No Yes. Des	coribo				
_	ies. Des	o∪⊓D U	Sports and Hob	shy Equipment		\$300.00

page 2

Schedule A/B: Property

Official Form 106A/B

Debtor	Bergener, Ar	ny Lyn	n	Case number (if known)	
10. Fire					
Exa ■ N		shotgur	ns, ammunition, and relate	d equipment	
	es. Describe				
11. Clo 1	hes				
_		hes, furs	, leather coats, designer w	ear, shoes, accessories	
□ N	o es. Describe				
•	2 00000	Clothi	ng		\$1,000.00
12. Jew		olru aaat	umo iowolny ongogomont i	rings worlding rings hairlean iswalny watches game gold	oilvor
■ N		erry, cost	ume jewelry, engagement i	rings, wedding rings, heirloom jewelry, watches, gems, gold,	Silver
☐ Y	es. Describe				
13. No n	-farm animals				
_	amples: Dogs, cats, b	irds, hors	ses		
■ N	o es. Describe				
l4. Any ■ N	-	househ	old items you did not alr	eady list, including any health aids you did not list	
	es. Give specific info	rmation			
				ncluding any entries for pages you have attached for	\$3,100.00
Pa	rt 3. Write that num	ber here			Ψ3,100.00
Dout 4	Dannika Vara Firance	:-! 4	_		
	Own or have any le		s quitable interest in any o	f the following?	Current value of the
	•	_		•	portion you own? Do not deduct secured
					claims or exemptions.
16. Cas	h				
_		ave in you	ur wallet, in your home, in a	safe deposit box, and on hand when you file your petition	
■ N					
	osits of money a <i>mples:</i> Checking, sa	vings, or	other financial accounts; c	ertificates of deposit; shares in credit unions, brokerage hou	ses, and other similar
ПΝ		f you ha	ve multiple accounts with t	he same institution, list each.	
_	es			Institution name:	
				Consolidated Community Credit Union	
		17.1.	Checking Account	Checking Account, #1132-01	\$0.00
		17.2.	Savings Account	Consolidated Community Credit Union Savings Account, #1132-00	\$0.00
		17.2.	Javings Account	Ouvings Account, #1102 00	Ψ0:00
				PenFed Credit Union Savings Account,	
		17.3.	Savings Account	#5015	\$20.00
			Other Firencial		
		17.4.	Other Financial Account	CashApp Account	\$0.00
					· · · · · · · · · · · · · · · · · · ·
			Other Financial	Vanna Assault	A 2 2 2
		17.5.	Account	Venmo Account	\$0.00

Debtor 1	Bergener, Am	ıy Lyn	n		Case number (if known)	
		17.6.	Other Financial Account	Paypal Account		\$0.00
		17.7.	Savings Account	Consolidated Community Savings Account, Joint v #4567-00		\$0.00
Exan	s, mutual funds, or nples: Bond funds, in			e firms, money market accounts		
■ No □ Yes			Institution or issuer name	:		
	oublicly traded stoo venture	k and i	nterests in incorporated	and unincorporated business	es, including an interest in an LL0	C, partnership, and
	. Give specific infor		about them me of entity:		% of ownership:	
Nego	<i>tiable instrument</i> s in	clude pe	ersonal checks, cashiers'	and non-negotiable instrumen checks, promissory notes, and mo cosmeone by signing or delivering	oney orders.	
☐ Yes	. Give specific inforn		bout them uer name:			
<i>Exan</i> □ No	ement or pension and apples: Interests in IR . List each account s	A, ERIS	SA, Keogh, 401(k), 403(b)	thrift savings accounts, or other	pension or profit-sharing plans	
– 165	. List each account s	•	ay. of account:	Institution name: Consolidated Credit Unic #1132-24	on IRA Account,	\$10,007.01
Your		deposits	you have made so that yo	u may continue service or use fro utilities (electric, gas, water), telec	m a company ommunications companies, or other	s
				Institution name or individual:		
23. Annui	ities (A contract for a	a period	ic payment of money to yo	u, either for life or for a number of	years)	
	lssı	ıer nam	e and description.			
	sts in an education S.C. §§ 530(b)(1), 52			d ABLE program, or under a qւ	ualified state tuition program.	
	Inst	itution r	ame and description. Sep	arately file the records of any inter	rests.11 U.S.C. § 521(c):	
■ No	•			nan anything listed in line 1), a	nd rights or powers exercisable f	or your benefit
	. Give specific infor		about tnem s, trade secrets, and oth	or intellectual property		
<i>Exan</i> ■ No	nples: Internet domai	n name:	s, websites, proceeds fron	n royalties and licensing agreemer	nts	
	. Give specific infor					
			general intangibles usive licenses, cooperative	association holdings, liquor licens	ses, professional licenses	
☐ Yes	Give specific infor	mation	about them			

Debtor 1	Bergener, Amy Lynn		Case number (if known)	
Money o	r property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
_	efunds owed to you			
■ No □ Yes	. Give specific information about t	them, including whether you already file	ed the returns and the tax years	
Exan ■ No	y support nples: Past due or lump sum alim s. Give specific information	ony, spousal support, child support, n	maintenance, divorce settlement, property se	ittlement
Exan	amounts someone owes you inples: Unpaid wages, disability insunpaid loans you made to it. Give specific information		sick pay, vacation pay, workers' compensation	n, Social Security benefits;
31. Intere	ests in insurance policies	urance; health savings account (HSA);	credit, homeowner's, or renter's insurance	
☐ Yes	s. Name the insurance company o Compan		Beneficiary:	Surrender or refund value:
If you died. ■ No	are the beneficiary of a living trus	you from someone who has died st, expect proceeds from a life insurance	ce policy, or are currently entitled to receive pro	operty because someone has
Exan ■ No		r or not you have filed a lawsuit or is sputes, insurance claims, or rights to s		
■ No	contingent and unliquidated c	laims of every nature, including co	unterclaims of the debtor and rights to set	t off claims
☐ No	inancial assets you did not alre		lico Conculting LLC	\$0.00
		100% ownership of People R		
	-	entries from Part 4, including any er	ntries for pages you have attached for	\$10,027.01
Part 5: D	escribe Any Business-Related Pro	perty You Own or Have an Interest In. L	ist any real estate in Part 1.	
-	own or have any legal or equitable Go to Part 6.	e interest in any business-related prope	rty?	
☐ Yes.	Go to line 38.			

Deb	tor 1	Bergener, Amy Lynn		Case number (if known)	
Part		cribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest	In.	
		own or have any legal or equitable interest in any farm- or	r commercial fishing	related property?	
	_	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp I No	have other property of any kind you did not already list? les: Season tickets, country club membership Give specific information			
54.	Add th	ne dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$434,000.00
56.	Part 2	: Total vehicles, line 5	\$37,304.00		
57.	Part 3	: Total personal and household items, line 15	\$3,100.00		
58.	Part 4	: Total financial assets, line 36	\$10,027.01		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$50,431.01	Copy personal property total	\$50,431.01

\$484,431.01

63. Total of all property on Schedule A/B. Add line 55 + line 62

	Fill in this	information to identify yo	ur case:			
De	btor 1	Amy Lynn Bergener				
De	btor 2	First Name	Middle Name	L	ast Name	
_	ouse if, filing)	First Name	Middle Name	L	ast Name	
Un	ited States Ban	kruptcy Court for the: D	STRICT OF OREGON, PO	DRTL	AND DIVISION	
	se number					
(if k	nown)					Check if this is an amended filing
Of	fficial For	m 106C				
		e C: The Prop	erty You Cla	im	as Exempt	4/19
propout a know For	perty you listed of and attach to the wn). each item of p	on Schedule A/B: Property (is page as many copies of Page as many copies of Page 2000)	Official Form 106A/B) as yo art 2: Additional Page as ne npt, you must specify the	ur sou cessa amoi	urce, list the property that you claim a ary. On the top of any additional page unt of the exemption you claim. O	oplying correct information. Using the is exempt. If more space is needed, fill s, write your name and case number (if the way of doing so is to state a fing exempted up to the amount of any
app fund to a	licable statuto ds—may be ur	ry limit. Some exemptions nlimited in dollar amount. I lar amount and the value o	—such as those for healt lowever, if you claim an e	h aid exem _l	s, rights to receive certain benefit	s, and tax-exempt retirement under a law that limits the exemption
Pa	rt 1: Identify	the Property You Claim a	s Exempt			
1.	Which set of	exemptions are you claimi	ng? Check one only, even	if you	r spouse is filing with you.	
	■ You are cla	iming state and federal nonb	ankruptcy exemptions. 11	U.S.C	C. § 522(b)(3)	
	☐ You are cla	iming federal exemptions. 1	1 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Schedule A	NB that you claim as exer	npt, f	ill in the information below.	
		on of the property and line on	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
	Scheaule A/B t	hat lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	4050 NE AU		\$434,000.00		\$40,000.00	ORS § 18.395
	Personal Re	R, 97218-2038 esdience, Ashby Scago with right of p	gs		100% of fair market value, up to any applicable statutory limit	
	Toyota					ORS § 18.345(1)(d)
	4Runner 2V	VD	\$37,304.00		\$3,000.00	ONO 9 10.545(1)(u)
	2017 44000 Line from <i>Scho</i>	edule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Household	Goods and Furnishing	s \$1,000.00	_	\$1,000.00	ORS § 18.345(1)(f)
	Line from Scho		φ1,000.00		100% of fair market value, up to	
					any applicable statutory limit	
	Electronics		\$500.00	_	\$500.00	ORS § 18.345(1)(f)

Official Form 106C

Schedule C: The Property You Claim as Exempt

\$500.00

Line from Schedule A/B: 7.1

\$500.00

100% of fair market value, up to any applicable statutory limit

Debto	r 1 Bergener, Amy Lynn			Case number (if known)	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Books, Art and Collectibles	\$300.00		\$300.00	ORS § 18.345(1)(a)
				100% of fair market value, up to any applicable statutory limit	
	ports and Hobby Equipment ine from Schedule A/B. 9.1	\$300.00		\$300.00	ORS § 18.345(1)(f)
	THE HOLL GUIDANIE PAR G. I			100% of fair market value, up to any applicable statutory limit	
	ports and Hobby Equipment	\$300.00		\$300.00	ORS § 18.362
L	ine nom <i>Schedule PAD</i> . 3.1			100% of fair market value, up to any applicable statutory limit	
	Clothing ine from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	ORS § 18.345(1)(b)
LI	ine nom <i>Schedule PAD</i> . 11.1			100% of fair market value, up to any applicable statutory limit	
	PenFed Credit Union Savings	\$20.00		\$20.00	ORS § 18.345(1)(p)
	ine from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
_	Consolidated Credit Union IRA	\$10,007.01			ORS § 18.358
	ine from Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every 3			on or after the date of adjustment.)	
	No No			. ,	
	Yes. Did you acquire the property covere	ed by the exemption within	n 1,21	5 days before you filed this case?	
	□ No				
	☐ Yes				

Fill in this	information to ident	ify your case:			
Debtor 1	Amy Lynn Berg				
	First Name	Middle Name Last Name		}	
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
United States Banl	kruptcy Court for the:	DISTRICT OF OREGON, PORTLAND DIV	ISION		
Case number					
(if known)					if this is an
				amend	led filing
Official Form	106D				
Schedule [D: Creditors	Who Have Claims Secure	ed by Propert	у	12/15
		f two married people are filing together, both are e , number the entries, and attach it to this form. On			
•	nave claims secured by	your property?			
_ `	-	s form to the court with your other schedules. Yo	ou have nothing else to re	port on this form.	
_	all of the information be	•			
	Secured Claims				
		nore than one secured claim, list the creditor separatel	Column A	Column B	Column C
for each claim. If mo	re than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim Do not deduct the	Value of collateral	Unsecured
much as possible, iis	t the claims in alphabetic	al order according to the creditor 's name.	value of collateral.	that supports this claim	portion If any
2.1 OHSI Creditor's Name		Describe the property that secures the claim:	\$36,000.00	\$434,000.00	\$0.00
Creditor's Name		Lien on Residence			
	er St NE Ste B	As of the date you file, the claim is: Check all that apply.			
	97301-1266	Contingent			
Number, Street, 0	City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claic		Other (including a right to offset)			
•					
Date debt was incur	rrea	Last 4 digits of account number			
2.2 PenFed Cr	edit Union	Describe the property that secures the claim:	\$16,843.81	\$37,304.00	\$0.00
Creditor's Name		2017 Toyota 4Runner 2WD	<u> </u>		
DO D 44	200				
PO Box 14 Alexandria		As of the date you file, the claim is: Check all that			
22313-1432	•	apply. Contingent			
	City, State & Zip Code	☐ Unliquidated			
	,	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Deb		Statutory lien (such as tax lien, mechanic's lien)			
	e debtors and another	Judgment lien from a lawsuit	Interest Valaisia		
Check if this claic		Other (including a right to offset)	Interest-Vehicle		
Date debt was incur	rred	Last 4 digits of account number 8435	5		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Amy Lynn Bergener		Case number (if known)		
First Name Middle N	ame Last Name			
Pentagon Federal Credit Union	Describe the property that secures the claim:	\$49,002.00	\$434,000.00	\$0.00
Creditor's Name	4858 NE Alberta Ct, Portland, OR 97218-2038 Personal Resdience, Ashby Scaggs also on title with right of survivorship			
PO Box 560130 The Colony, TX	As of the date you file, the claim is: Check all that apply.			
75056-0130	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or secar loan)	cured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset) second m	ortgage		
community debt	— Other (including a right to object)	33-		
Date debt was incurred	Last 4 digits of account number 5407			
Specialized Loan Servicing	Describe the property that secures the claim:	\$303,687.39	\$434,000.00	\$0.00
Creditor's Name	4858 NE Alberta Ct, Portland, OR 97218-2038			
6200 S Quebec St Englewood, CO 80111-4729	Personal Resdience, Ashby Scaggs also on title with right of survivorship As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or secar loan)	cured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
Date debt was incurred	Last 4 digits of account number 5143			
Add the dollar value of your entries in Col	lumn A on this page. Write that number here:	\$405,533.2	0	
If this is the last page of your form, add the Write that number here:	e dollar value totals from all pages.	\$405,533.2	_	
Part 2: List Others to Be Notified fo	r a Debt That You Already Listed			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this info	rmation to identify you	ır case:								
Debtor 1	Amy Lynn Berge	ner								
	First Name	Middle N	Name	Last Name		- }				
Debtor 2 (Spouse if, filing)	First Name	Middle N	Namo	Last Name		-				
(Spouse II, IIIIIIg)	First Name	ivildale i	varrie	Last Name						
United States Ban	kruptcy Court for the:	DISTRICT	OF OREGO	N, PORTLAND DIVIS	SION	-				
Case number										
(if known)									if this is a	an
								amend	ed filing	
Official Form	106E/F									
Schedule E	/F: Creditors W	/ho Have	Unsec	ured Claims					12/1	5
D: Creditors Who Hathe Continuation Pacase number (if kno Part 1: List All	of Your PRIORITY Un	roperty. If more ve no informat secured Clai	e space is ne ion to report ms	eded, copy the Part you	ı need, fill it out, numbe	er the e	entries in t	the boxes	on the let	ft. Attach
*	rs have priority unsecure	d claims again	st you?							
☐ No. Go to Pa	art 2.									
Yes.										
identify what typ possible, list the	priority unsecured claims be of claim it is. If a claim hat claims in alphabetical orde one creditor holds a particul	as both priority a er according to t	and nonpriority the creditor 's	y amounts, list that claim name. If you have more	here and show both prior	rity and	l nonpriorit	y amounts	s. As much	as
(For an explanat	tion of each type of claim, s	see the instructi	ons for this fo	rm in the instruction book	det.)					
					Total claim		Priority amount		Nonprior amount	rity
2.1 IRS Inte	rnal Revenue Servi	ce L	ast 4 digits o	of account number	\$0	.00		\$0.00		\$0.00
Priority Cre	editor's Name	v	When was the	debt incurred?					-	
POB 734	46	•	viicii was tiic							
Philadel	lphia, PA 19101-734									
	reet City State Zip Code			you file, the claim is: (Check all that apply					
_	the debt? Check one.		Contingent							
Debtor 1 or	•		☐ Unliquidate	d						
Debtor 2 or	nly		☐ Disputed							
Debtor 1 ar	nd Debtor 2 only			RITY unsecured claim:						
☐ At least one	e of the debtors and anothe	_{er} [☐ Domestic s	upport obligations						
☐ Check if th	nis claim is for a commur	•		certain other debts you o	_					
Is the claim s	ubject to offset?		Claims for o	death or personal injury v	vhile you were intoxicated	d				
■ No			Other. Spe							
☐ Yes				Notice only						

ODD Divers			
ODR Bkcy	Last 4 digits of account number\$0.00	\$0.00	\$0.0
Priority Creditor's Name	When was the debt incurred?		
955 Center Street NE Salem, OR 97301-2555			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only	☐ Unliquidated		
Debtor 2 only	Disputed		
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
☐ At least one of the debtors and another	☐ Domestic support obligations		
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated		
No No	Other. Specify		
Yes	Notice only		
Do any creditors have nonpriority unsecured claim ☐ No. You have nothing to report in this part. Submit ☐ Yes. List all of your nonpriority unsecured claims in the		nan one nonprio	rity
 No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each content. 	this form to the court with your other schedules.	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2.	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already it	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already it	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part 1 le Continuation F	1. If more Page of Part
□ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 9719	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 9719	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code	this form to the court with your other schedules. e alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 9719 When was the debt incurred? As of the date you file, the claim is: Check all that apply	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim three secured claims fill out the claim was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent	ncluded in Part 1 le Continuation F	1. If more Page of Part
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already it is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number	ncluded in Part 1 le Continuation F	1. If more Page of Part
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim three secured claims fill out the claim was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent	ncluded in Part 1 le Continuation F	1. If more Page of Part
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	ncluded in Part 1 le Continuation F	1. If more Page of Part
□ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 9719 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did no	ncluded in Part 1 e Continuation F Total claim	1. If more Page of Part
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other 2. American Express Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040-8053 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	this form to the court with your other schedules. Pealphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 9719 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	ncluded in Part 1 e Continuation F Total claim	1. If more Page of Part

Debto	r1 Bergener, Amy Lynn	Case number (f known)	
4.2	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number 0321	\$6,568.58
	Attn: Correspondence PO Box 8801 Wilmington, DE 19899-8801	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Revolving Credit	
4.3	Chase Bank	Last 4 digits of account number 8873	\$15,085.47
	Nonpriority Creditor's Name Attn: Customer Service PO Box 15299 Wilmington, DE 19850-5299	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Judgment	
4.4	Chase Bank Nonpriority Creditor's Name	Last 4 digits of account number 5369	\$6,858.64
	Attn: Customer Service PO Box 15299 Wilmington, DE 19850-5299	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card - lawsuit	

Official Form 106 E/F

r 1 Bergener, Amy Lynn	Case number (f known)						
Citibank	Last 4 digits of account number 6803	\$7,750.47					
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 790441	When was the debt incurred?						
Saint Louis, MO 63179-0441 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	no or ano dano you me, and oranni lor or ook an man appriy						
■ Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt	\square Obligations arising out of a separation agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims						
No	☐ Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Revolving Credit						
Radius Global Solutions LLC	Last 4 digits of account number	\$269.00					
Nonpriority Creditor's Name	When was the debt incurred?						
7831 Glenroy Rd Ste 250-A Minneapolis, MN 55439-3132	Wileli was the dept incurred?						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.							
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
No	□ Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Assigned Account for Lab Corp.						
Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number 8221	\$657.78					
Attn: Bankruptcy Dept. PO Box 965060	When was the debt incurred?						
Orlando, FL 32896-5060							
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims						
No	Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes	■ Other. Specify Revolving Credit						

Official Form 106 E/F

Debtor	Bergener, Amy Lynn	Case number (f known)				
	US Bank Nonpriority Creditor's Name	Last 4 digits of account num	ber 2450	\$1,641.59		
	Bankruptcy/Recovery Dept PO Box 5229	When was the debt incurred	?			
-	Cincinnati, OH 45201-5229 Number Street City State Zip Code	As of the date you file, the cl	aim is: Chack all that apply			
	Who incurred the debt? Check one.	As of the date you me, the of	ann is. Oncok an that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unser	cured claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a report as priority claims	separation agreement or divorce that you did not			
	No	<u> </u>	haring plans, and other similar debts			
	Yes	, ,				
	□ Yes	Other. Specify Revolvi	ing Credit			
	US Bank	Last 4 digits of account num	ber _7482	\$13,040.61		
	Nonpriority Creditor's Name	When was the debt incurred	2			
	Bankruptcy/Recovery Dept PO Box 5229	When was the dest incurred	·			
-	Cincinnati, OH 45201-5229 Number Street City State Zip Code	As of the date you file, the cl	aim is: Check all that apply			
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unse	cured claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a report as priority claims	separation agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-s	haring plans, and other similar debts			
	Yes	Other. Specify Judgmo	ent			
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed				
is tryir have n	ng to collect from you for a debt you owe to s	someone else, list the original credite at you listed in Parts 1 or 2, list the	nat you already listed in Parts 1 or 2. For example or in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have addi	here. Similarly, if you		
Name an	nd Address	On which entry in Part 1 or Part 2 did				
	Krages, II	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Clair			
	SW Hampton St Ste 200 nd, OR 97223-8354		Part 2: Creditors with Nonpriority Unsecured 0	Claims		
, ortica	na, Ort 07220 0004	Last 4 digits of account number	5369			
	nd Address	On which entry in Part 1 or Part 2 did	· <u> </u>			
	ry Portfolio Service ummit Lake Dr	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Clair			
	la, NY 10595-1340		■ Part 2: Creditors with Nonpriority Unsecured 0	Claims		
		Last 4 digits of account number	6803			
	nd Address	On which entry in Part 1 or Part 2 did	· <u> </u>			
•	/DSNB	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Clair			
	uptcy Processing ox 8053		Part 2: Creditors with Nonpriority Unsecured 0	Claims		
	n, OH 45040-8053	Last 4 digits of account number	9719			
Name an	nd Address	On which entry in Part 1 or Part 2 did	d you list the original creditor?			

Official Form 106 E/F

Debtor 1 Bergener, Amy Lynn		Case number (f known)
NCB Management Services Incorporated PO Box 1099	Line 4.2 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Langhorne, PA 19047-6099	Last 4 digits of account number	0321
Name and Address Suttell & Hammer, P.S. POB C-90006 Bellevue, WA 98009	On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	8873
Name and Address Suttell & Hammer, P.S. POB C-90006 Bellevue, WA 98009	On which entry in Part 1 or Part 2 did y Line 4.4 of (Check one): Last 4 digits of account number	vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 5369
Name and Address United Collection Bureau 5620 Southwyck Blvd Ste 206 Toledo, OH 43614-1501	On which entry in Part 1 or Part 2 did y Line 4.1 of (Check one): Last 4 digits of account number	vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 9719
Name and Address Zwicker & Associates P.C. 12550 SE 93rd Ave Ste 430 Clackamas, OR 97015-5760	On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one): Last 4 digits of account number	rou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 7482

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				٦	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims				<u>- </u>	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Т	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims from Part 2	60	Obligations arising out of a separation agreement or divorce that			
IIOIII Fait 2	6g.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	55,048.65
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	55,048.65

Fill in th	nis information to identi	fy your case:		
Debtor 1	Amy Lynn Berge	ner		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF OREGON	I, PORTLAND DIVISION	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Number,	whom you have the , Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Oldic	Zii Oodc	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	,		0.0.0		
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Official Form 106G

F	ill in this information to identi	ly your case:			
Debtor 1	Amy Lynn Berge		LastNama		
Debtor 2	First Name	Middle Name	Last Name	ł	
(Spouse if, fil	ling) First Name	Middle Name	Last Name	_	
United Sta	ates Bankruptcy Court for the:	DISTRICT OF OREGO	N, PORTLAND DIVISIO	N	
Case num	nber			}	
(if known)					☐ Check if this is an
					amended filing
Officia	al Form 106H				
	dule H: Your Cod	obtore			40/45
Scrie	dule II. Toul Cou	EDIOI 2			12/15
are filing t and numb	ogether, both are equally resp	oonsible for supplying co the left. Attach the Additi	rrect information. If mo	ore space is needed, co	as possible. If two married people py the Additional Page, fill it out, itional Pages, write your name and
1. Do	you have any codebtors? (If y	you are filing a joint case, do	o not list either spouse as	a codebtor.	
■ No					
■ No					
	thin the last 8 years, have you ornia, Idaho, Louisiana, Nevada,				states and territories include Arizona,
-	, , , , , , , , , , , , , , , , , , , ,	,	,	,	
	o. Go to line 3.				
□ Ye	s. Did your spouse, former spou	se, or legal equivalent live w	ith you at the time?		
line 2 106D)	again as a codebtor only if the	at person is a guarantor	or cosigner. Make sure	you have listed the cre	vith you. List the person shown in editor on Schedule D (Official Form e E/F, or Schedule G to fill out
	Column 1: Your codebtor				ditor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedule	s that apply:
3.1				☐ Schedule D, line	9
	Name			□ Schedule E/F, li	ne
				☐ Schedule G, line	e
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
5.2	Name			Schedule E/F, li	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

						_				
	in this information to identify your ca									
Dei	otor 1 Amy Lynn B	ergener			_					
-	otor 2				_					
Uni	ted States Bankruptcy Court for the:	DISTRICT OF OREG	ON, PORTLAND DI	VISION						
	se number nown)		-			☐ An		d filing	g postpetition (chapter 13
0	fficial Form 106I						M / DD/ Y		virig date.	
S	chedule I: Your Inco	me				IVIII	VI / DD/ 1			12/15
Par	use. If you are separated and your ch a separate sheet to this form. O									
1.	Fill in your employment information.		Debtor 1			1	Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed			☐ Emplo	•		
	information about additional employers.		☐ Not employed				☐ Not e	mployed		
		Occupation	Owner							
	Include part-time, seasonal, or self-employed work.	Employer's name	People Rise C	onsultin	g Ll	LC _				
	Occupation may include student or homemaker, if it applies.	Employer's address	4858 NE Alber Portland, OR 9		38					
		How long employed th	nere? <u>5 mor</u>	nths			_			
Pai	t 2: Give Details About Mont	thly Income								
	mate monthly income as of the dates so you are separated.	te you file this form. If y	ou have nothing to re	eport for an	y line	e, write \$0 i	n the spa	ace. Includ	e your non-filir	ng spouse
	u or your non-filing spouse have more e, attach a separate sheet to this forn		oine the information f	or all empl	oyers	s for that pe	erson on	the lines b	elow. If you ne	ed more
						For Debt	or 1		btor 2 or ing spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overting	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$		00	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

ebtor 1	Bergener, Amy Lynn	_	Case r	number (<i>if kno</i>	own) _			
			For	Debtor 1			btor 2 or ng spouse	
Cop	y line 4 here	4.	\$	0.	00	\$	N/A	•
. List	all payroll deductions:							
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.	00	\$	N/A	_
5b.	Mandatory contributions for retirement plans	5b.	\$	0.	00	\$	N/A	
5c.	Voluntary contributions for retirement plans	5c.	\$	0.	00	\$	N/A	_
5d.	Required repayments of retirement fund loans	5d.	\$	0.	00	\$	N/A	_
5e.	Insurance	5e.	\$	0.	00	\$	N/A	_
5f.	Domestic support obligations	5f.	\$	0.	00	\$	N/A	
5g.	Union dues	5g.	\$	0.	00	\$	N/A	•
5h.	Other deductions. Specify:	5h	+ \$	0.	00 +	\$	N/A	_
. Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.	00	\$	N/A	
. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.	00	\$	N/A	
. List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	6.595	01	\$	N/A	
8b.	Interest and dividends	8b.	\$		00	\$	N/A	-
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		00	\$	N/A	
8d.	Unemployment compensation	8d.	\$		00	\$	N/A	•
8e.	Social Security	8e.	\$		00	\$	N/A	•
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.	00	\$	N/A	
8g.	Pension or retirement income	8g.	\$	0.	00	\$	N/A	_
8h.	Other monthly income. Specify:	8h	+ \$	0.	<u>00</u> +	\$	N/A	
. Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6,595.	01	\$	N/A	<u>\</u>
	culate monthly income. Add line 7 + line 9.	10. \$		6,595.01	+ \$_	ı	V/A = \$	6,595.0
	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. e all other regular contributions to the expenses that you list in Schedule	, L						
Incli othe	ude contributions from an unmarried partner, members of your household, your d or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not av	ependei					<i>J</i> . 11. + \$	0.0
	the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certain						12. \$	6,595.0
\//ri4								

Official Form 106l Schedule I: Your Income page 2

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

monthly income

Fill	in this informat	tion to identify yo	our case:					
Deb	tor 1	Amy Lynn B	ergener			Che	eck if this is:	
		7 y _ y	orgene.				An amended filing	
	otor 2 ouse, if filing)						A supplement show expenses as of the	wing postpetition chapter 13 e following date:
			DIOTOL	OT OF ORFOON BOR	TI AND DIVIDION		·	
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF OREGON, POR	TLAND DIVISION		MM / DD / YYYY	
1	e number							
(If K	nown)							
\bigcirc	fficial Fo	rm 106.I				_		
		J: Your I	Exnen	SAS				12/1:
Be info	as complete a	ind accurate as	possible. leded, attac	f two married people a				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to	line 2. s Debtor 2 live i	n a separa	te household?				
	No. 200		а обрана					
	□ Ye	es. Debtor 2 mus	st file Officia	al Form 106J-2, <i>Expense</i>	es for Separate House	holdof Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?
	Do not state	the						□No
	dependents i				Son		4	■ Yes
								□ No
								_ □ Yes □ No
								☐ Yes
							_	- 🗆 103
								☐ Yes
3.	expenses of	enses include people other the your depende	nan $_{f \Box}$	No Yes				-
Par	t 2: Estima	ate Your Ongoi	na Monthly	/ Fynenses				
Est	imate your ex	penses as of yo	our bankru	ptcy filing date unless is filed. If this is a sup				
Inc	luda avnansas	s naid for with n	on-cash d	overnment assistance	if you know the			
val	ue of such ass	sistance and ha		d it on Schedule I: You			V	
(Of	ficial Form 10	6l.)					Your exp	penses
4.		r home owners d any rent for the		ses for your residence. lot.	. Include first mortgage	4.	\$	1,997.90
	If not include	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	, or renter's	insurance		4a. 4b.	·	0.00
	•	•		pkeep expenses		4c.	· ———	50.00
	4d. Homeo	owner's associati	ion or cond	ominium dues		4d.	\$	0.00
5.	Additional m	nortgage payme	ents for yo	ur residence, such as h	nome equity loans	5.	\$	468.23

Debtor	1	Bergene	r, Amy Lynn	Case num	ber (if known)	
6. U t	tiliti	es:				
68	a.	Electricity,	heat, natural gas	6a.	\$	180.00
6b	٥.	Water, sev	ver, garbage collection	6b.	\$	173.00
60	Э.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	92.00
60	d.	Other. Spe	ecify:	6d.	\$	0.00
7. F c	ood		ekeeping supplies	_ _{7.}	\$	700.00
			hildren's education costs	8.	\$	1,445.00
9. C l	loth	ing. laundi	ry, and dry cleaning	9.	\$	100.00
		•	roducts and services	10.	\$	100.00
		-	ntal expenses	11.	· —	25.00
			Include gas, maintenance, bus or train fare.		<u> </u>	23.00
			ar payments.	12.	\$	300.00
			clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
			ributions and religious donations	14.	\$	0.00
15. In	sur	ance.	•		•	
			surance deducted from your pay or included in lines 4 or 20.			
15	ōа.	Life insura	nce	15a.	\$	0.00
15	5b.	Health ins	urance	15b.	\$	231.00
15	ōс.	Vehicle ins	surance	15c.	\$	129.00
15	5d.	Other insu	rance. Specify:	15d.	\$	0.00
16. T a	axes	s. Do not in	clude taxes deducted from your pay or included in lines 4 or 20.	_	-	
	peci	<i></i>		16.	\$	0.00
			ease payments:	47-	•	400.00
			ents for Vehicle 1	17a.	\$	403.00
			ents for Vehicle 2	17b.	·	0.00
		Other. Spe		17c.	\$	0.00
		Other. Spe	·	17d.	\$	0.00
			of alimony, maintenance, and support that you did not report as	18.	\$	0.00
			your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	0.00
	peci		s you make to support others who do not live with you.	19.	Ψ	0.00
			erty expenses not included in lines 4 or 5 of this form or on Schedul		ır Income	
			on other property	20a.		0.00
		Real estate		20b.		0.00
			nomeowner's, or renter's insurance	20c.	·	0.00
			ce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20e.	\$	0.00
		r: Specify:	of a association of condominating accs		+\$	
Z1. U	uici	. Specify.			+ψ	0.00
22. C	alcu	ılate your ı	monthly expenses			
			through 21.		\$	6,494.13
22	2b. (Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	2c. <i>F</i>	Add line 22a	a and 22b. The result is your monthly expenses.		\$	6,494.13
23 C	alcı	ilato vour i	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	\$	6,595.01
			monthly expenses from line 22c above.	23b.	·	6,494.13
20	JU.	Сору уби	monthly expenses non-line 220 above.	250.	Ψ	0,494.13
23	3c.	Subtract v	our monthly expenses from your monthly income.			
_`			is your monthly net income.	23c.	\$	100.88
Fo	or ex	ample, do yo	an increase or decrease in your expenses within the year after you figure expect to finish paying for your car loan within the year or do you expect your materials of your mortgage?			e or decrease because of a
			Explain hara:			
ᆫ] Ye	es.	Explain here:			

Fill in this in	formation to identify ye	our case:			
Debtor 1	Amy Lynn Berge	ner			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	DISTRICT OF OREGO	N, PORTLAND DIVISION		
Case number _ (if known)					☐ Check if this is an amended filing
Official Forr Declarat		an Individual	Debtor's So	chedules	12/15
obtaining money years, or both. 1		n connection with a bankı			nent, concealing property, or or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attorr	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
•	Ity of perjury, I declare e true and correct.	that I have read the sumn	nary and schedules filed	with this declaration	and
X /s/ Am	y Lynn Bergener		X		
Amy L	ynn Bergener re of Debtor 1		Signature of	Debtor 2	
Date	December 23, 2021		Date		

	Fill in Abia	information to ident	if			
	riii iii unis	information to ident	ny your case.			
Debtor 1	1	Amy Lynn Berg	ener Middle Name	Last Name		
Debtor 2	2	riist Name	ivildule Name	Last Name	Ì	
(Spouse if,		First Name	Middle Name	Last Name		
United S	States Bar	nkruptcy Court for the:	DISTRICT OF OREGON	, PORTLAND DIVISION		
Case nu (if known)	umber _				_	heck if this is an mended filing
State Be as co informat	ement emplete a	nd accurate as possil		e filing together, both are e	Bankruptcy equally responsible for supply additional pages, write your r	
Part 1:	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. Wha	at is your	current marital statu	s?			
□	Married Not mar	ried				
2. Dur	ing the la	ıst 3 years, have you	lived anywhere other than v	where you live now?		
□	No Yes. List	t all of the places you liv	ved in the last 3 years. Do not	include where you live now.		
De	btor 1 Pri	ior Address:	Dates Debtor 1 there	lived Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
					ty property state or territory? co, Texas, Washington and Wis	
	No Yes. Ma	ke sure you fill out <i>Sch</i> e	edule H: Your Codebtors (Offi	cial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
Fill i	in the tota	l amount of income yo	nployment or from operating u received from all jobs and a nave income that you receive to	Ill businesses, including part		ar years?
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	•	of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$30,800.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	ebtor 1	Be	ergener, A	my Lynn		Cas	e number (if known)	
					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			dar year: December	31, 2020)	■ Wages, commissions, bonuses, tips	\$18,077.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
			dar year be December		■ Wages, commissions, bonuses, tips	\$84,225.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
		each s	0,	he gross incol	we income that you received to me from each source separate			
					Debtor 1		Debtor 2	
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
			1 of curre	nt year until nkruptcy:	Unemployment	\$34,055.00		
					Poshmark Sales	\$617.00		
			dar year: December	31, 2020)	Unemployment	\$11,741.00		
		=	O1		Mada Bafasa Van Elladós	D		
Pa	irt 3:			-	Made Before You Filed for I			
6.	Are □	either No.	Neither D	ebtor 1 nor D	s debts primarily consumer lebtor 2 has primarily consu personal, family, or household	mer debts. Consumer debts	are defined in 11 U.S.C. § 101(8) as "incurred by an
			During the No.	90 days befo	re you filed for bankruptcy, did	you pay any creditor a total of	\$6,825* or more?	
			☐ Yes	creditor. Do		mestic support obligations, su	one or more payments and the tuch as child support and alimor	
			* Subject		on 4/01/22 and every 3 years		after the date of adjustment.	
		Yes.			r both have primarily consure you filed for bankruptcy, did		\$600 or more?	
			■ No.	Go to line 7	7 .			
			□ Yes		or domestic support obligations		e total amount you paid that cre imony. Also, do not include pay	

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	btor 1 Bergener, Amy Lynn	Case number (if known)						
	·		<u>.</u>					
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	■ No							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	insider?	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	No☐ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name		
Par	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures						
9.	Within 1 year before you filed for bankrupf List all such matters, including personal injury and contract disputes. No Yes. Fill in the details.							
	Case title Case number	Nature of the case	Nature of the case		Status of the case			
	US Bank National Association v. Amy Bergener 21CV37482	Collection	Multnomah County Circuit Court		■ Pending □ On appeal □ Concluded			
	JPMorgan Chase Bank NA v. Amy Bergener 21CV35369	Collection	Washington County Circuit Court		■ Pending □ On appe □ Conclude	al		
	IDMorgan Chase Bonk NA v. Amv.	Callection	umtu Cirouit					
	JPMorgan Chase Bank NA v. Amy Bergener	Collection	Collection Multnomah Cou Court		■ Pending	=		
	21CV38873		Court		☐ On appe☐ Conclude			
10.	 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or lead that apply and fill in the details below. No. Go to line 11. 		seized, or levied?					
	Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property Explain what happene	Describe the Property Explain what happened			Value of the property		
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bec ■ No ■ Yes. Fill in the details.	ptcy, did any creditor, inc		ncial institution,	set off any am	ounts from your		
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was า	Amount		

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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De	Bergener, Amy Lynn		Case number	(If Known)	
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or □ No □ Yes		was any of your property in the possession of an a ner official?	ssignee for the benefi	t of creditors, a
Pa	t 5: List Certain Gifts and Contribution	ıs			
13.	Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift.	uptcy,	did you give any gifts with a total value of more th	an \$600 per person?	
	Gifts with a total value of more than \$60 person	00 per	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a total ion.	value of more than \$6	600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Pa	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	iptcy o	r since you filed for bankruptcy, did you lose anytl	hing because of theft,	fire, other disaster,
	Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Inclu	tribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	t 7: List Certain Payments or Transfers	s			
16.	consulted about seeking bankruptcy or p	prepari	did you or anyone else acting on your behalf pay o ing a bankruptcy petition? s, or credit counseling agencies for services required in		y to anyone you
	□ No■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	′ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Christopher J. Kane, PC 2207 NE Broadway St Ste 100 Portland, OR 97232-1693		Attorney fees	2021	\$1,487.00
17.	Within 1 year before you filed for bankrupromised to help you deal with your cred Do not include any payment or transfer that y	ditors		r transfer any property	y to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankro	uptcy,	did you sell, trade, or otherwise transfer any propo	erty to anyone, other t	han property

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	transferred in the ordinary course of your build line both outright transfers and transfers madigifts and transfers that you have already listed on No	e as security (such as the		urity interest or	mortgage on your pro	operty). Do not include	
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and va property transferr			ny property or received or debts	Date transfer was made	
	Person's relationship to you				J. 3.		
19.	beneficiary? (These are often called asset-protein No	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No					
	Yes. Fill in the details.						
	Name of trust	Description and va	alue of the prope	rty transferre	d	Date Transfer was made	
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit E	Boxes, and Stora	ge Units			
•	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	other financial account	s; certificates of	-			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·		e account was sed, sold, ved, or nsferred	Last balance before closing or transfer	
21.							
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the c	ontents	Do you still have it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?						
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the c	ontents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control f	·					
	Do you hold or control any property that someone.		le any property y	ou borrowed	from, are storing fo	or, or hold in trust for	
	■ No ☐ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the p	roperty	Value	
Par	t 10: Give Details About Environmental Infor	rmation					
For	the purpose of Part 10, the following definitior	ns apply:					

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Bergener, Amy Lynn

•	controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Rep	ort all notices, releases, and proceedings tha	t you know about, regardless of when th	ney occurred.				
24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?						
	■ No						
	☐ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of	any release of hazardous material?					
	■ No						
	☐ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any enviro	nmental law? Include settlements an	d orders.			
	■ No						
	■ No □ Yes. Fill in the details.						
	Case Title	Court or agency	Nature of the case	Status of the			
	Case Number	Name Address (Number, Street, City, State and ZIP Code)		case			
Par	t 11: Give Details About Your Business or 0	Connections to Any Business					
	Within 4 years before you filed for bankrupto		of the following connections to any h	uisiness?			
		n a trade, profession, or other activity, e					
	_		·				
	■ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing exe	·					
☐ An owner of at least 5% of the voting or equity securities of a corporation							
□ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill						
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.				
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed				
	People Rise Consulting LLC	HR Consulting	EIN:				
	4858 NE Alberta Ct Portland, OR 97218-2038	Self	From-To 5/2021-present				
	i ortialiu, Oit 31210-2030		p				

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Bergener, Amy Lynn

Deb	tor 1 Bergener, Amy Lynn		Case number (if known)
	Within 2 years before you filed for bankru institutions, creditors, or other parties.	ptcy, did you give a financial statement t	to anyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
oank 18 U.	and correct. I understand that making a ra cruptcy case can result in fines up to \$250, S.C. §§ 152, 1341, 1519, and 3571. Amy Lynn Bergener		otaining money or property by fraud in connection with a or both.
	y Lynn Bergener nature of Debtor 1	Signature of Debtor 2	
Date	December 23, 2021	Date	
Did v	ou attach additional pages to Your Staten	nent of Financial Affairs for Individuals F	illing for Bankruptcy (Official Form 107)?
■ No	. •		,
□ Y€	es		
Did y	ou pay or agree to pay someone who is n	ot an attorney to help you fill out bankru	ptcy forms?
■ No	. , , ,		· ·
٦ v	as Name of Person Attach the Bank	runtov Patition Pranarar's Notice Declaration	n and Signature (Official Form 110)